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CONFIRMATION NO. 4494

<b>SERIAL NUMBER</b> 10/727,217	<b>FILING OR 371(c) DATE</b> 12/03/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> PC9858A	
<b>APPLICANTS</b> Mark B. Chidlaw, Bend, OR; Dwayne T. Friesen, Bend, OR; Scott M. Herbig, East Lyme, CT; James A.S. Nightingale, Bend, OR; Cynthia A. Oksanen, Stonington, CT; James B. West, Bend, OR;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/432,860 12/11/2002 <i>S.T</i>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <i>None</i> <b>** 03/12/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>S.T</i> Verified and Acknowledged <i>S.T</i> Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> OR	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> 28523					
<b>TITLE</b> Controlled-Release of an active substance into a high fat environment					
<b>FILING FEE RECEIVED</b> 3038	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		